

CLAIM PAYMENT SUBMITAL TO AMAL

FR: Brian Thompson - PIH

THE Office of Loan Guarantee, having reviewed and approved the following request for Payment is now authorized for payment by the signature of Thomas C. Wright, Director, Office of Loan Guarantee.

SUBMITAL DATE: 2/4/2015

TRANSACTION # SECTION 184 CASE # 556-012757 COHORT YEAR 240427

LOAN CERTIFICATE BOX#1

ORIGINAL BORROWER NAME Nelson, Elizabeth
PROPERTY ADDRESS 72167 Route 2, Box 430
Ashland, WI 54806

ACCOUNTING TRANSACTION CODE

CL Part "A" Claim (Line 17)
Part "B" (line 137)
supplemental claims
PAID CLAIM TOTAL

\$10,772.55**\$10,772.55****SUPPLEMENTAL CLAIM/PRESERVATION COST**

VENDOR/CONTRACTOR

NAME, ADDRESS, CITY, ST, ZIP

Amount

Description

inv date

PM

TOTAL PROPERTY MGMT

PAYMENT MADE TO:

WIRING INSTRUCTIONS

BANK NAME

Jackson County Bank

aba/Routing number

Credit Account

ACCT NAME

HUD

TAX PAYER ID:

LOAN REFERENCE# 4021

K. Johnson _____ T. Pillay _____ A. Wagstaff _____ B. Thompson _____

Date

Thomas C. Wright

Date

PAID CLAIM PAYMENT SUBMITAL TO AMAL

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Ashland, WI 54806

ACCOUNTING TRANSACTION CODE**CL** Part "A" Claim (Line 17)

Part "B" (line 137)

supplemental claims

PAID CLAIM TOTAL

\$1,353.96**\$1,353.96****SUPPLEMENTAL CLAIM/PRESERVATION COST**

VENDOR/CONTRACTOR

NAME, ADDRESS, CITY, ST, ZIP

Amount

Description

inv date

PM

TOTAL PROPERTY MGMT

PAYMENT MADE TO:

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